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Borough of Kendal

ANNUAL REPORT

OF THE

Medical Officer of Health

FOR THE YEAR

1947

KENDAL

TITUS WILSON AND SON LTD., PRINTERS

1948



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place on the main A.6 road, where the heavy volume of motor traffic from the South divides into the portion destined for Scotland over Shap, and the portion heading for the Lake District. The former includes a high proportion of heavy lorry traffic which uses Kendal as a regular overnight staging-point, and the latter includes a very high seasonal peak-load of tourist traffic. Thirdly, Kendal has become an important centre for light industries which have guaranteed constant employment to the inhabitants and brought considerable prosperity to the town.

The local industries include a wide variety of manufacturing processes, the chief of which are:—

Boot and Shoe Manufactory.

Woollen Mills.

Engineering Works.

Hosiery and Shirt Manufactories.

Tobacco and Snuff Manufactories.

Breweries.

Carpet Manufactory.

Stone and Lime Works.

In addition to these industries there are ample opportunities for employment in the shops, cafés, hotels, business premises, and laundries. At Oxenholme the inhabitants are mainly interested in the railway employment. The variety of these opportunities for both men and women has kept Kendal happily free from general unemployment and provided that economic security and prosperity which is a most important factor in the maintenance of the public health.

The rateable value of Kendal Borough is £134,815, which represents approximately one-third of the total rateable value of the County of Westmorland. The product of a penny rate is £535, and the Rate for 1947/48 is 18/8d. of which 13/6d. represents the County Rate.

STAFF.

NAME.	QUALIFICATIONS.	Office.	Whole or Part Time.	Other Offices.
Madge, F. T.	M.D., Ch.B., M.R.C.S., L.R.C.P., D.P.H.	Medical Officer of Health	Part	Medical Officer of Health, Combined County Districts of Westmorland
Rigg, W. B. G. Buckley, J.	M.R.San.I. Cert.S.I.B.	Chief Sanitary Inspector Additional Sanitary Inspector	Whole Whole	— —
Major, J. H.	M.R.San.I.	Assistant Sanitary Inspector	Whole	—
Sloane, E.	—	Clerk to 31.7.47	Whole	—
Thornborough, E. C.	—	Clerk from 1.8.47	Whole	—
Machell, B. M.	—	Clerk to Medical Officer of Health	Part	Clerk to Medical Officer of Health, Combined County Districts of Westmorland
Brady, H. M.	S.R.N., C.M.B., F.N.A.	Matron, Isolation Hospital (to 31.10.47)	Whole	—
Metcalfe, E.	S.R.N. Health Visitor, R.San.I. New Health Cert.	Health Visitor	Whole	—
Irvine, J.	L.D.S.	Dental Surgeon	Part	Senior Dental Officer, Westmorland County Council
Williams, D.	S.R.N.	Orthopaedic Nurse	Part	County Orthopaedic Nurse
Tonge, J. W.	B.Sc., A.M.Inst.C.E.	Engineer and Surveyor (to 7.9.47)	Whole	—
Barnfather, J.	A.M.I.Mun.E., A.M.T.P.I.	Engineer and Surveyor (from 8.9.47)	Whole	—
Crowdy, T.	M.I.Mech.I., F.G.S., F.R.Met.Soc., F.F.Sc. (London)	Water Engineer	Part	Gas Engineer
Stock, C. J. H.	B.Sc., F.R.I.C.	Public Analyst	Part	Public Analyst for West- morland and other Local Authorities

STAFF CHANGES.

Matron.

Miss H. M. Brady retired on account of ill-health from her appointment as matron of the Kendal Isolation Hospital on 31st October, 1947.

Health Visitor.

Miss E. Metcalfe was transferred to the Westmorland County Council at the end of the year on the transfer of Maternity and Child Welfare functions.

Dental Surgeon.

Mr. I. Irvine ceased to hold the part-time appointment of Dental Surgeon at the end of the year on the transfer of Maternity and Child Welfare functions.

Orthopaedic Nurse.

Mrs. D. Williams ceased to hold the part-time appointment of Orthopaedic Nurse at the end of the year on the transfer of Maternity and Child Welfare functions.

Borough Engineer and Surveyor.

Mr. J. W. Tonge relinquished his appointment as Borough Engineer and Surveyor on 7th September, 1947, and was succeeded by Mr. J. Barnfather on 8th September, 1947.

Clerk.

The clerk in the Sanitary Department, Mrs. Sloane, relinquished her post during the year and was succeeded by Mr. E. C. Thornborough on 1st August, 1947.

VITAL STATISTICS.

The following extracts are made from information supplied by the Registrar-General, with figures for 1946 for comparison:—

Area of the District in acres 3,705

	1946	1947
Estimated civilian population (mid-year) ..	18,300	18,460
Live Births. Legitimate— males	162	177
females	136	167
Illegitimate— males	12	8
females	12	12
Total	322	364
Rate per 1,000 population ..	17.6	19.7
Rate for England and Wales ..	19.1	20.5
Stillbirths. Legitimate— males	5	7
females	7	4
Illegitimate— males	2	—
females	—	1
Total	14	12
Rate per 1,000 total (live and still births)	41.7	31.9
Rate per 1,000 population ..	0.36	0.65
„ for England and Wales ..	0.53	0.50
Deaths. Males	94	108
Females	106	121
Total	200	229
Rate per 1,000 population ..	10.9	12.4
Rate for England and Wales ..	11.5	12.0
Infantile Deaths (under 1 year)		
Legitimate	9	12
Rate per 1,000 legitimate live births	30.2	34.9
Illegitimate	—	1
Rate per 1,000 illegitimate live births	—	50
Total Deaths under 1 year	9	13
Rate per 1,000 live births	28	35.7
Rate for England and Wales	43	41

	1946	1947
Neonatal Deaths. (under 1 month)		
Total neonatal deaths	4	9
Rate per 1,000 live births	12.4	24.7
Deaths from Diarrhoea and Enteritis (under 2 years)		
Deaths	2	1
Rate per 1,000 live births	6.2	2.75
Rate for England and Wales	4.4	5.8
Maternal Mortality		
Deaths from Puerperal Sepsis ..	—	—
Rate per 1,000 (live and still) births ..	—	—
Deaths from other Puerperal Causes	1	—
Rate per 1,000 (live and still) births ..	3	—
Total deaths	1	—
Rate per 1,000 (live and still) births ..	3	—
Rate for England and Wales	1.43	1.17

Deaths from certain causes:—	1946.	1947.
Cancer	34	45
Measles	Nil	Nil
Whooping Cough	Nil	1

The main causes of death were:—

Heart Disease	58
Cancer	45
Intra-cranial vascular lesions	40

COMMENTARY ON VITAL STATISTICS FOR 1947.

Total Civilian Population.

The Registrar-General estimates that the population of the Borough at the middle of 1947 was 18,460, which is an increase of 160 over the 1946 figure of 18,300.

The increase of 160 may be regarded as an excess of births over deaths of 135, plus the immigration of at least 25 persons into the Borough.

This small figure of 25 for migration suggests that the pre-war stability is returning to the town after the wide fluctuations in population movement since 1939.

Live-Births.

There were 364 live-births, comprising 344 legitimate and 20 illegitimate. 364 is the highest number of births since 1920 and represents an increase of about 50 per cent. on the annual average and severely taxed your Maternity and Child Welfare scheme.

The live-birth-rate per 1,000 population of 19.7 was your highest since the period of 1920/21, but still below the national average for England and Wales of 20.5.

For the past 20 years Kendal has barely kept its birth-rate in excess of its death-rate, and it is encouraging to record this change.

Stillbirths.

There were 12 stillbirths, and the rate per 1,000 (live and still) births reflects to some extent the effect of antenatal care; the rate for 1947 of 31.9 was an improvement upon the figure of 41.7 the year before.

The rate per 1,000 of the population was 0.65, which compares with 0.50 for England and Wales without any material significance.

Deaths.

The death-rate of 12.4 almost corresponds with the figure of 12.0 for England and Wales.

The general trend of your death-rate is slowly downwards, which will lead to an increased proportion of old persons within the next ten years unless the present high birth-rates are maintained.

Infantile Deaths.

The infantile death-rate per 1,000 live-births of 35.7 compares with England and Wales 41, and your last year's figure of 28.

This means that $3\frac{1}{2}$ per cent. of all babies born alive will die before reaching their first birthday. You will remember that from 1860 to 1900 it was about $12\frac{1}{2}$ per cent. in Kendal, from 1900 to 1920 it was about 10 per cent., from 1920 to 1935 it was about $7\frac{1}{2}$ per cent., and since 1935 it has averaged about five per cent. This regular steady decline is most satisfactory, and we are approaching the hard core of "unavoidable" infant deaths which is reflected by the statistics for neonatal deaths.

ANALYSIS OF CAUSES OF DEATHS IN INFANTS.

Prematurity	Pneumonia	Congenital Deformities	Other Causes	Total under 1 year
3	1	6	3	13

AGE INCIDENCE OF INFANTILE MORTALITY.

Under 1 week	2 weeks	3 weeks	4 weeks	Total under 1 month	1—3 months	3—6 months	6—9 months	9—12 months	Total under 1 year
8	1	—	—	9	2	1	1	—	13

Neonatal Deaths.

There were 19 deaths under one month; that is ten out of the 13 who were included in the infantile deaths. Many of these neonatal deaths are due to prematurity or abnormality or the result of difficult child-birth. The rate per 1,000 live-births was 27.5, compared with 12.4 last year.

Premature Births.

All these were under 5½ lbs. weight at birth and so required special care. Of these, which numbered 18, three died within 24 hours, one within three days, and 14 survived one month.

Residence as follows:—

				<i>Within 1 day.</i>	<i>Within 3 days</i>	<i>Survived 1 month.</i>
Own home	...	...	...	1	—	2
Hospital	...	...	...	1	—	—
Nursing Home	...	...	...	1	1	12
				3	1	14

Deaths from Diarrhoea and Enteritis.

Only one death occurred, giving a rate of 2.75 per 1,000 live-births, but on account of the large probable error the figure is statistically insignificant. It does, however, reflect the high standard of child-care and general sanitation in the Borough.

Maternal Mortality.

It is particularly pleasing to report that, in all the 376 total live- and stillbirths, not one mother sacrificed her life.

PREVALENCE OF CONTROL OF INFECTIOUS AND OTHER DISEASES.

The general situation was very satisfactory. Apart from Measles and Whooping Cough Kendal had a particularly fortunate year. Scarlet Fever and Diphtheria were limited to a few scattered cases, and the Borough escaped the full force of the nationwide epidemic of Infantile Paralysis during the summer. Measles and Whooping Cough were again the most numerous infectious diseases notified, in spite of the fact that notification of these diseases is regrettably incomplete in Kendal. These two illnesses are among the commonest causes of infant deaths in Britain, and as they tend also to leave disabling complications they deserve more serious attention than they now receive.

The good general situation was probably due to a number of factors. Weather conditions were favourable most of the year. The end of winter was characterised by two months of sharp frosty weather which was much healthier than the wet months of the preceding autumn. When spring arrived a period of warm sunny days were the prelude to one of the most glorious summers of recent years. I believe that these circumstances did much to clear up the winter ills and help to build up resistance to infection, in spite of fuel shortages and the

meagre rations. Another factor was the aftermath of previous epidemics which left an effective proportion of immune children, a factor which partly explains the cyclical frequency of certain diseases. Immunisation and Health Instruction in schools all played their part, and the constant supervision of the sanitation and hygiene of the Borough has been justified by the high standard of the public health which has been maintained.

Measles.

There were 97 cases notified, and the disease came in a clearly defined epidemic. I suspect that it came from the Windermere area where there was a sharp outbreak in the first quarter. It would probably have affected Kendal sooner if the snow and ice had not made travelling so difficult. When, however, the melting of the snows coincided with the school holidays the trouble commenced. There were a few cases in early April, followed during the last week by a sharp rise which continued upwards to its peak in the second week of May, and then tailed-off to negligible proportions by the middle of June. The age incidence was characterised by over half the patients being of school-age, and I believe that most of the spread of the disease occurred in the schools. Luckily very few babies contracted Measles, and, as it was not a severe type, there were no admissions to hospital and no deaths. The control of Measles is still undeveloped and merits research.

Whooping Cough.

Nearly all the 27 cases occurred in the first quarter of the year, scattered irregularly over the three months. The toddlers and pre-school children bore the brunt of the infection, but there were happily few infants affected. One patient was admitted to hospital and one case proved fatal. In the field of control good progress is being made to develop effective immunisation against Whooping Cough, but the Ministry of Health is withholding sponsoring the material until the results of large-scale tests in certain selected areas have been assessed. If these results are favourable it is probable that a widespread campaign will be commenced. During the past year at your clinic in Kendal I have used this Whooping Cough Vaccine combined with the ordinary Diphtheria Immunisation for children whose parents especially requested its trial, and I have high hopes that it will help to reduce the effects of this very distressing, debilitating, and often fatal disease..

Diphtheria.

It is most gratifying to record that there was only one case of Diphtheria during the whole year. This was a patient, aged 16 years, who had not been immunised in childhood. The steady decline of this disease has undoubtedly been due to the effect of immunisation. This free service is available to all, and comprises two small injections into the arm, between the ages of eight months and one year, with a reinforcing dose at five years old on starting school, giving protection against this deadly disease. I wish to thank the local doctors and nurses for their efforts to secure the immunisation of every baby before the first birthday, and the school medical officers for their part in helping to wipe out Diphtheria in Kendal.

Scarlet Fever.

There were only five cases of Scarlet Fever during the year. I believe that this is the result of the high proportion of immune children following the big epidemics of 1942, 1943 and 1944. The severity of the disease is apparently getting milder, and the risk of complications has been greatly reduced by the discovery of the sulpha drugs. The present trend of medical opinion is that under suitable circumstances Scarlet Fever can well be nursed at home.

Infantile Paralysis.

The only case notified occurred in a girl aged one year and nine months, who was almost certainly infected in South Lancashire. This child made a satisfactory recovery in hospital. The fatal case of Polio-encephalitis shown in the Table was a South Westmorland case which happened to be in Kendal when diagnosed, and the death has been transferred to that District.

Smallpox.

One woman patient in the Westmorland County Hospital during the summer was suspected to be suffering from a mild attack of Smallpox. She was transferred to the Kendal and District Smallpox Hospital, Woodside, which was especially opened and staffed from Kendal Sanatorium. After a period of observation and tests it was established that the infection was not Smallpox and the patient was discharged. Vaccination of close contacts was carried out, and all precautions were taken to prevent spread of the disease when the case was first reported as suspicious.

During the period of Smallpox outbreaks in neighbouring counties in England a daily check of the inmates of all common lodging houses and casual wards was carried out, as it had been reported that several vagrants were close contacts of cases elsewhere and had absconded from supervision.

Air travel has made Smallpox once more a very real risk to the community, as persons from abroad who may be incubating the disease arrive in this country well within the incubation period. It is most important that all children should be vaccinated in infancy. The present low vaccination state of the population is inviting trouble from this disfiguring and often fatal disease. Smallpox ravaged this Borough from time to time until only some 50 years ago when widespread vaccination checked its progress. I cannot stress too strongly the wisdom of taking obvious precautions against preventable diseases.

Isolation Hospital Arrangements and Ambulances.

During the year the Kendal Sanatorium was closed down after 62 years' service as an isolation hospital for infectious diseases. It was built in 1882 to accommodate the many cases of Enteric Fever and Scarlet Fever which were prevalent in the Borough at that time. For the first quarter of the present century it served a very useful purpose for a wide variety of infectious diseases, but by 1930 its limitations were becoming obvious. For the next 17 years the question of replacement was under consideration by the local authorities of the southern half of Westmorland, but no agreement was reached.

The premises were the subject of adverse report by the Ministry of Health Hospital Survey in 1942.

After the war it was realised that not only had it become financially uneconomical to maintain, but also that a very considerable sum of money would be required to effect the renovations and re-equipment necessary to bring the sanatorium up to even the bare minimum of modern isolation hospital standards. The consent of the Minister of Health was obtained for the closure date of 31st July, 1947, and the buildings will be usefully converted into temporary housing accommodation.

Tribute must be paid to the outstanding quality of the work of the matron and the nursing staff who carried on in these obsolete buildings under risks and great difficulties for so many years. The hospital had a high reputation among the townsfolk for the comfort and

sympathy which was at all times extended to the patients and their relatives, and it is not without regrets that this year has witnessed the passing of one of Kendal's cherished institutions.

Hospital accommodation for infectious diseases will be provided in the Lancaster Isolation Hospital which is in recently built, large, and well-equipped premises, within easy reach of Kendal under modern transport conditions. For 12 months Kendal will be treated financially as a constituent member of the Lancaster and District Joint Hospital Board, and after 5th July, 1948, the arrangements will be conducted under the National Health Service Act, 1946, when all hospitals will be transferred to the ownership of the Regional Hospital Board.

Smallpox hospital accommodation was also altered during the year. The present premises at Woodside are derelict, and arrangements have now been made for any cases to be admitted to Fairhill Isolation Hospital, Penrith. The last cases of Smallpox treated in Woodside were about 40 years ago, but the premises have on occasion been used as an overflow for convalescents from the sanatorium. During the summer I had experience of opening the hospital for a suspected case of Smallpox and found the nursing was under field conditions. I therefore advised the Kendal and District Joint Smallpox Hospital Committee that alternative arrangements were imperative, and, after exploration, the Committee decided that the Penrith facilities will be the most convenient for the County.

Ambulance arrangements for infectious diseases continued to be provided by the Borough ambulances, which are used for all types of cases and are disinfected by the Sanitary Department between use.

This method has worked safely and satisfactorily for several years. The disbanding of the sanatorium nursing staff led to a minor difficulty in providing attendants for infectious patients, but this was solved by ensuring that regular attendants were trained to be willing and capable of escorting any type of case.

Rooms in 46 houses were disinfected in connection with notifiable disease or for other public health reasons. There is an up-to-date steam disinfectant at Parkside Road. This is available at all times, and, in addition to satisfying our own needs, adjoining local authorities and bodies such as Maternity Homes, Nursing Homes, etc. have availed themselves of disinfection facilities.

INFECTIOUS DISEASES TABLE.

DISEASE.	Total.	Ages.												Admitted to Hospital.	Deaths.
		-1	1-	2-	3-	4-	5-	10-	15-	20-	35-	45-	65-		
Scarlet Fever	5	—	—	—	1	1	2	—	—	—	1	—	—	4	—
Diphtheria	1	—	—	—	—	—	—	—	1	—	—	—	—	1	—
Erysipelas	2	—	—	—	—	—	—	—	—	1	—	—	—	—	—
Cerebro-spinal Meningitis	1	—	—	—	—	—	1	—	—	—	—	—	—	1	—
Encephalitis Lethargica	1	—	—	—	—	—	—	—	1	—	—	—	—	1	1
Acute Polio-encephalitis	1	—	1	—	—	—	—	—	—	—	—	—	—	1	1
Acute Poliomyelitis ..	1	—	1	—	—	—	—	—	—	—	—	—	—	1	—
Measles	97	3	7	6	19	13	46	1	1	1	—	—	—	—	—
Whooping Cough ..	27	3	7	6	6	2	3	—	—	—	—	—	—	1	1
Total ..	136	6	16	12	26	16	52	1	3	2	1	1	—	10	3

TUBERCULOSIS TABLE.

Age Periods.	NEW CASES.				DEATHS.			
	Respiratory.		Non-Respiratory.		Respiratory.		Non-Respiratory.	
	M.	F.	M.	F.	M.	F.	M.	F.
0	—	—	—	—	—	—	—	—
1	—	—	—	1	—	—	—	—
5	—	—	—	1	—	—	—	—
15	6	1	—	—	—	—	—	—
25	5	1	—	1	1	2	—	—
35	—	2	—	—	—	—	—	—
45	1	1	—	1	1	1	—	—
55	1	—	—	—	—	1	—	—
65	—	—	—	—	—	—	—	—
TOTAL	13	5	—	4	2	4	—	—

Three pulmonary and one non-pulmonary were transferred from other areas, and there were two Service cases. Two pulmonary cases died during the year.

HOUSING.

Present Housing Position.

The number of inhabited houses in the Borough is 5,306. With an estimated population of 18,460, the average number of persons per house is 3.5. This figure is purely hypothetical since many of the better houses have only one or two occupants and therefore it is probable that the working-class houses have an average of four or more per house. On the Council estates it is not uncommon to find more than one family unit in each house, and, although this leads to domestic and personal difficulties, it usually does not constitute overcrowding within the strict definition of the Housing Act which does not distinguish between living-rooms and bedrooms.

Since the overcrowding survey of 1936 there have been so many migratory changes that the present conditions in the Borough could be accurately assessed only by undertaking a new survey. It is hard to reconcile the figure of 3.5 persons per house with the large number of applicants for new houses. The neighbouring areas of South Westmorland and Windermere are considerably used as dormitories for Kendal, and this overspill factor complicates the complete picture of housing in the Borough.

About 40 per cent. of the houses are of relatively recent construction. 2,208 were built since 1920, comprising 1,109 by the Local Authority and 1,099 by private enterprise. One-fifth of the total houses in the Borough are municipally owned and provided with modern amenities. It can also be assumed that the other fifth, built by private enterprise in this period, are similarly of good quality.

About another 40 per cent. of the houses were built before 1920, but appear to be structurally sound and most of them have modern amenities. A few are poorly arranged on account of their proximity to bad property.

The balance of 20 per cent. of the houses includes a lot of very old property in poor structural condition and badly arranged. In addition to their disrepair and sunless congested position in ill-paved yards, they lack the essential amenities of separate sanitary accommodation, hot water systems, baths, cooking facilities, food stores, and separate gardens or yards. A rough estimate of the state of the houses in the Borough is thus:—

Houses built since 1920 in apparently good state:—

Built by the Council	...	...	...	...	1,109
„ private enterprise	...	...	...	...	1,099
Houses built before 1920 in apparently good state					2,204
Condemned houses still occupied	...	...	...		72
Houses in declared clearance areas still occupied	...				76
Condemnable property in the next stage	...	...			306
Possibly capable of reconditioning	...	...	...		440
					—
					5,306
					—

Housing Act Action.

On account of the current housing shortage, action under the Housing Act, 1936 was limited to the making of one Closing Order. This means that considerable war-time arrears are continuing to

accumulate, and there is a danger that the circumstances of the times will impede your progressive policy for slum clearance by forcing acceptance of a much lower standard of living.

The re-opening, under Defence Regulations, of houses long ago condemned as unfit for human habitation must be deplored as a regrettable war-time necessity which should not be allowed to continue long in peace-time. Your Council have drawn, and are continuing to draw, a Government subsidy on the number of the original tenant rehoused from these properties. Your encouraging new housing progress will probably enable you to remedy this situation in the near future.

Closing Orders.

One Closing Order was made during the year. The total number of Closing Orders in force is 52, of which 22 are still occupied. The occupied premises comprise 14 whose original tenants are not yet rehoused, three let by your licence under Defence Regulation 68A to bombed-out persons, and five let by your requisition under Defence Regulation 51. This is not a satisfactory position.

Undertakings.

No undertakings were called for during the year. The total number of undertakings in force is 101, of which 30 are still occupied. The occupied premises comprise 19 whose original tenants are not yet rehoused, four let by your licence under Defence Regulation 68A, six let by your requisition under Defence Regulation 51, and one alleged to be illegally occupied. This is not a satisfactory position.

The acceptance of so many undertakings in the past is now leading to difficulties, as many of these properties are becoming derelict through neglect by their owners. Probably these will be dealt with under the Town and Country Planning Act, 1947, and some will be treated as dangerous buildings, but I strongly advise that your future policy should be to keep the acceptance of undertakings to the minimum, and by insistence upon demolition you will avoid the perpetuation of decayed buildings which are an eyesore and a potential danger.

Demolition Orders.

No Demolition Orders were made during the year. The number of outstanding Demolition Orders is 32, of which 17 are still occupied. The occupied premises comprise of 13 whose original tenants are not yet rehoused, one let by your licence under Defence Regulation 68A,

and two let by your requisition under Defence Regulation 51. The demolition of the 15 unoccupied houses is held up by Government restrictions. This is not a satisfactory position.

Clearance Areas.

No Clearance Orders were made during the year. Five areas are outstanding for action, containing 90 houses, of which 77 are still occupied. These are awaiting the opportunity of rehousing.

Redevelopment Areas.

There are no outstanding specified redevelopment areas, but there are zones in the central part of the Borough which will be conveniently represented under the Town and Country Planning Act, 1947, as areas of obsolete development. If these powers are wisely applied there will be excellent opportunities for replacing the squalid jumble of decaying property by a new layout of the centre of Kendal more in keeping with the spirit of the present century.

Progress of Slum Clearance.

In 1891 your Medical Officer of Health, Dr. Craven, commented in his Annual Report thus upon the conditions of the houses of the labouring classes: "The arrangement of the buildings in the great majority of the yards of Kendal is such that the complete change of air within and without the dwellings is a remarkably slow process. The free access of direct sunlight is generally prevented by the bad arrangement of the buildings. If I were to attempt to represent as unfit for human habitation one-tenth of the dwellinghouses which do not comply with the building byelaws of the Borough—old as they are—it would be absolutely impossible for the Sanitary Authority, having regard to its financial position, adequately to deal with the matter." Dr. Craven then pointed out some alleviating measures. These included the following recommendations: "Endeavour should be made to prevent all accumulations of filth, whether large or small, within the limited areas which do exist. Next I would point out the condition of the surface of the great majority of the yards. Paved with boulderstones and not grouted, the interstices provide a ready means for the accumulation of filth. If the flagging of these yards which are not used for vehicular traffic is too costly a matter, grouting and the proper formation of channels and the abolition of hollows should everywhere be adopted."

In 1930 your Medical Officer of Health, Dr. Cockill, in his Annual Report stated that the houses available for persons of the working-

classes were situated mainly in the yards behind the main streets, and that they numbered about 1,200. He drew your attention on many occasions to the ill-effects of living in substandard houses badly arranged and congested around ill-paved yards. I can only re-echo the advice of the past half century.

In the ten years from 1930 to 1940 your Council took energetic steps to make some progress in slum clearance. Of the 1,200 houses mentioned by Dr. Cockill about 365 of these were demolished under your slum clearance schemes. Another 450 houses require clearance in the next stage, and we think that the other 400 may be capable of reconditioning. There has thus been nearly ten years' lull in your progress, a lull which has caused a growing impatience at the frustrations which have beset us, but which is now a challenge to the awakening social spirit of this era of post-war reconstruction.

Estimated requirements for New Houses.

In conjunction with your Borough Surveyor and your Chief Sanitary Inspector I estimate that about 650 houses are needed to meet the existing situation, and an additional 250 should be considered if it is desired to encourage industrial development. It is early to consider possible industrial development, although Kendal is well situated for light industries and their expansion would give a more balanced community. The present labour shortage in the Borough is likely to prevent development unless good housing facilities attract immigrants. The present requirements of 650 new houses is comprised thus:—

Replacement of condemned houses still occupied	...	72
„ occupied houses in declared clearance areas	... ..	76
Condemnable houses for future clearance	... ..	306
Legal overcrowding abatement	... ..	46
One house per family unit in shared houses	... ..	150
		<hr/>
Total new houses required	...	650
		<hr/>

Schemes in Hand.

I am indebted to the Borough Surveyor for the following information:—

The present schemes provide for a total of 148 houses, all of which have either been completed or are at present under construction. Of these 148 houses, 140 are on the Sandylands estate, the remaining

eight being built on other sites by local builders as provided for in Circular No. 92 of the Ministry of Health.

In addition to the 140 houses which have already been commenced, a further 86 houses can be provided on the Sandylands estate. The plans of these remaining houses are in an advanced state, but no more can be put in hand until additional approvals have been granted by the Ministry of Health.

Preparations are now being made for the layout of the Hall Garth estate where some 370 houses can be erected, and it is anticipated that the work of constructing the roads and sewers for part of this estate will be commenced during 1948.

Progress during the year.

(a) By the Local Authority.

On the 1st January, 1947, 68 houses were in course of erection, and during the year work was commenced on a further 80. On the 31st December, 1947, the position was as follows:—

Houses completed—Sandylands estate	...	...	50
„ „ Under Circular 92	...	...	4
Total completed	...	...	—54
Houses under construction—Sandylands estate	...	...	90
„ „ Circular 92	...	...	4
			—94
			—
Total	...	...	148
			—

If the present rate of progress is maintained it is anticipated that a further 80 houses will be completed during 1948. During December, 1947, work was commenced on the conversion of the former Isolation Hospital into nine flats, and it is anticipated that all these will be completed in the first half of 1948.

(b) By Private Enterprise.

On 1st January, 1947, nine houses and one farmstead were under construction, and during the year licences were issued for the erection of a further 16 houses. The position on 31st December, 1947, was:—

Houses completed	...	...	...	7
Farmstead completed	...	...	...	1
Under construction	...	...	...	17
Work suspended by legal injunction	...	...	...	1
				—
Total	...	...	...	26
				—

Tenants Selection.

Your Council adopts the method of selection of tenants for Corporation houses by consideration of application cards, and personal knowledge of the applicants and their needs. There is no system of points, nor is there anonymity. This results in a considerable amount of personal canvassing by the more persistent applicants.

Your Tenants Selection Committee has been most sympathetic and has rehoused certain persons upon medical grounds at my representation. The public health has incidentally been safeguarded by the removal of some of these cases to separate dwellings.

I must repeat my plea for a high priority to be given to your slum dwellers in the allocation of new houses and re-lets; I am sure that their salvation from physical ills is a work of greater mercy than relieving the incompatibilities of temperament among those who share the enjoyment of better homes.

Housing Management.

The time is rapidly approaching when your Council should consider the appointment of a Housing Manager. You now own more than a thousand houses which will require increasing attention, and very soon you will hold nearly two thousand. 260 visits were made by the Sanitary Department during the year in connection with the public health aspects of housing management on the municipal estates. The rents of your houses range between 4/- and 13/9d. exclusive of rates. The rateable values vary between £10 and £22.

Verminous Houses.

Public Health Act, 1936. Sections 83-85.

Bed-bugs were found in 13 houses, including nine of your own. Eight of your houses were treated with cyanide gas, and one was sprayed with D.D.T. insecticide. Three privately-owned houses were sprayed with D.D.T., and in the fourth the furniture and effects were treated with cyanide before moving the tenants to a new Corporation house.

Nuisances and Notices.

Public Health Act, 1936. Sections 91-100.

During the year 1,140 inspections of dwellinghouses and 313 inspections of yards were made, and 127 visits were made to investigate complaints in houses. The following action resulted:—

Preliminary Notices served	...	...	...	224
Statutory Notices served	...	...	...	15

In no case was it necessary to obtain an Abatement Order from the Court. There was a general desire on the part of owners to remedy defects in spite of the current difficulties of controls and shortage of labour and materials.

Dangerous Buildings.

Public Health Act, 1936. Section 58.

The operation of these provisions lies with the Borough Engineer, who reports the following action undertaken during the year.

Two Notices were served under this Act and two further Notices under the 1947 legislation were served. 14 informal preliminary letters were also sent.

It appears probable that some of the houses, subject to undertakings, will have to be dealt with under these powers as they are becoming progressively derelict.

Tents, Vans, Sheds and Moveable Dwellings.

Public Health Act, 1936. Sections 268-269.

Seven visits were paid concerning tents, vans and sheds, and in every case the tent, van or shed was moved within a few days.

There are no licensed camping sites within the Borough, and no individual licences are in force.

WATER SUPPLIES.

Water Act, 1945.

Kendal has an abundant water supply from both overground and underground sources, and ample storage capacity in the reservoirs. There are only 45 houses in the Borough which do not obtain their water from the Corporation mains; 13 of these are connected to the Thirlmere aqueduct, and the remainder are served by wells and surface water private installations.

The overground sources are upland surface gathering grounds, lying to the east of the Borough, with a run-off from rocks of the Kirkby Moor Flags in the Upper Ludlow Series of the Silurian System. The Catchment Area is about 400 acres in extent, feeding all three of the reservoirs.

The main reservoir is at Fisher Tarn² which has a capacity of 117,996,000 gallons, an area of 31.67 acres, with a top water-level of

² 34/551930.

742.84 O.D. The tarn is fed by five main runners and by springs in the floor of the reservoir.

Upper Birds Park reservoir³ has a capacity of three million gallons, an area of 1.957 acres, and a top water-level of 400 O.D. Lower Birds Park reservoir⁴ has a capacity of 14,784 gallons, an area of 4.059 acres, and a top water-level of 398.20 O.D. Upper Birds Park normally overflows into Lower Birds Park, but there are two two-inch and one six-inch siphons for use when by-washing ceases, and Lower Birds Park can also be fed by a six-inch main from Fisher Tarn.

These three reservoirs therefore provide very generous storage capacity, amounting during 1947 to half a year's supply. The highest stocks were in January when there were 135,780,000 gallons, equivalent to 191 days' supply, and the lowest was in November when there were 38,473,000 gallons, or 54 days' supply. The annual consumption was 260,523,000 gallons from all sources, giving an average of 38 gallons per head per day, including all industrial users.

The underground source of water is at Mints Feet⁵, which is a shallow well near the bank of the River Kent on the north of the town. The well is 58 feet by 24 feet and five feet depth of water at rest level with open jointed stone linings and uncovered. It is liable to flooding by the River Kent in times of spate, and it requires weeding twice a year. This supply comes from the alluvial deposits of the valley bottom and has been inexhaustible with the present pumps.

There are two pumps, one 36 horse-power oil-driven centrifugal pump with a lift of 9,000 gallons per hour, and one 30 horse-power electrically belt-driven pulsometer pump with a lift of about 8,000 gallons per hour. This plant is used in emergency or when stocks are falling, and the well water is fed into the rising main.

The distribution system is mainly by gravity, but there is a booster at Beast Banks to improve the pressure in the Greenside area. There is a service reservoir fed from Fisher Tarn at Bolefoot, Oxenholme, with a capacity of 30,000 gallons at 370 O.D.

Treatment by chlorination is carried out on all the supplies, with apparatus at Greyhound Farm, Birds Park, and Mints Feet. Bacteriological examinations are carried out monthly and full chemical analyses are made half-yearly, and the results set out in Appendix A herewith.

³ 34/535934.

⁴ 34/537934.

⁵ 34/516940.

Safeguarding of the purity of the supplies is further ensured by the regular and frequent inspection of the gathering ground and by particular attention to the health of workmen and fishermen on the reservoirs.

I have no official knowledge of the quantity or quality of the private water supplies.

I am indebted to the Water Engineer for furnishing the technical data in this section.

SEWERAGE.

Water Carriage.

Public Health Act, 1936. Section 47.

Over six thousand water-closets of the washdown or washout type are fitted in the Borough. There are 56 trough-closets, 17 privies, and four pail-closets still in use. During the year four trough-closets were converted into three washdown fittings. I hope that this progress will continue.

Public Conveniences.

Public Health Act, 1936. Section 87.

More public conveniences are needed in the town, particularly in the main thoroughfare where they can be easily seen by visitors and where they may be properly supervised. Considerable fouling of the yards and doorways takes place at night, and the present public conveniences have suffered grievous wanton damage by hooligans. The provision of new premises and some of the repairs to the old ones will have to await better times.

Sewerage System.

Public Health Act, 1936. Section 14.

Most of the Borough is served by the public sewers, but about 150 houses remain dependent upon cesspools. Some of the sewers are now becoming overloaded and require enlargement. Certain ancient drains communicate with the surface water-channels and cause occasional pollution of the river by crude sewage. These are being remedied as they are discovered.

Sewage Disposal.

Public Health Act, 1936. Section 15.

Sewage disposal is carried out at Wattsfield⁶ in the south of the Borough. These works were opened in 1909 with extensions in

⁶ 34/516909.

1919/20, and comprise coarse screens with detritus tanks; the sewage is then chlorinated and passed to settlement tanks, whence it is carried by rotating distributors to circular filter beds. It is then passed through humus tanks before being discharged into the River Kent. The effluent has been satisfactory in quality.

Sludge is pumped on to drying beds on the adjacent land, and special treatment is given to the gasworks liquor. There are adequate storm-water tanks.

The average dry weather flow of crude sewage dealt with at the works is 1,050,000 gallons. The plant is under the control of the Borough Engineer and has at all times been operated efficiently and without nuisance—a high tribute to any sewage disposal works.

New Sewerage.

New sewerage was laid for the development of the Sandylands estate, and plans are now in hand for extension to the proposed Hallgarth estate.

PUBLIC CLEANSING.

Refuse Collection.

Public Health Act, 1936. Section 72.

With a very few exceptions in the remote parts of the Borough there is a weekly removal of refuse carried out under the supervision of the Chief Sanitary Inspector. Vehicle maintenance has been difficult during the year and a new Dennis waggon has been ordered to replace the S. & D. freighter which was purchased in 1938.

Refuse Disposal.

Public Health Act, 1936. Section 76.

Controlled tipping was practised on the one central tip at Castle Grove⁷. This tip is nearing completion and a large portion has been soiled, levelled, and sown with grass to provide a welcome open space for the adjacent municipal housing estate. No serious complaints were received from the nearby residents, but it is obviously not pleasant to have a refuse tip so near a built-up area, and a new site is required in a more secluded position.

Salvage of Waste Materials.

Salvage Recovery Order, 1940.

Salvage of waste materials continued to show a financial profit in addition to helping the national recovery. 92 tons of paper yielded

⁷ 34/523923.

£690, and the combined sale of scrap-iron, non-ferrous metals, textiles, bones, and waste greens realised a further £70. The refuse collection staff received a cash bonus upon the amounts collected, and the public were stimulated at intervals by encouraging propaganda.

Street Cleansing.

Public Health Act, 1936. Section 77.

The main streets are maintained by the staff of the Borough Engineer. The open-air markets cause considerable work but the general appearance of the roads is good. Quite another picture is seen in the yards lying behind the main frontages. Many of these are littered with domestic and trade refuse, accumulations of rubbish and building waste, ill-paved, muddy and a disgrace to their owners. It is extremely difficult to remedy this scene of mediæval squalor on account of the multiple ownership and common rights in these yards; the annual reports of my predecessors for the past 50 years have drawn attention to these points.

FOOD AND DRUGS.

Food and Drugs Act 1938.

General Powers.

Food and Drugs Act, 1938. Section 65.

Your Council has not only the normal duties of a county district in the administration of the Food and Drugs Act, 1938, but it has also the delegated sampling powers of the Food and Drugs Authority. Therefore all aspects of the safeguarding of the public from food-borne disease and poisoning are your responsibility.

Precautions against Contamination.

Food and Drugs Act, 1938. Section 13.

Food traders and caterers observe a fairly good standard of cleanliness on the average, but considerable work lies ahead in raising the standard of those who are now below the average. I want to see cleaner food, cleaner premises, and cleaner foodhandlers.

This aim is of major importance. It will involve my department carrying out your statutory responsibilities with particular diligence, and it will require the education and co-operation of all foodhandlers within your Area.

I am confident that this co-operation will be forthcoming. I believe that traders are eager to set their premises in order in the interests of enterprise and competition, and that they are anxious to eliminate slipshod methods among their staffs.

Thorough cleanliness in the kitchen is far more important than tidiness in the dining-room. No food trader nor caterer should be ashamed to show his customers behind the scenes, and every customer should be confident that the food he eats is clean and has been cleanly prepared. He has a right to be so protected and your Council is the guardian of that right.

Foodborne diseases, mild dysenteries, and attacks of diarrhoea and vomiting are not infrequent in our homes, and among our visitors. I am confident that higher standards will reduce preventable diseases.

Ice-Cream Trade.

Food and Drugs Act, 1938. Section 14.

Ice-cream (Heat Treatment, etc.) Regulations.

The following premises were registered under Section 14 of the Food and Drugs Act, 1938:—

Manufacture by hot mix, cold mix,						
storage and sale ...	...	...	...	...
Manufacture by cold mix, storage and						
sale ...	...	...	...	...	...
Storage and sale only	...	...	...	...	...
						10, not differentiated before the year end.
						6

During the year all registrations were reviewed because the 1947 Regulations entailed the specific registration of premises for hot mix or cold mix manufacture. Two manufacturers were warned that their registrations would be recommended for revocation unless drastic improvements were made. Their position will be watched next season.

The Ice-cream (Heat Treatment, etc.) Regulations, 1947, came into force during the year and stimulated traders to undertake improvements. The response was good in spite of the cost and difficulty in obtaining equipment.

26 samples of ice-cream were taken for bacteriological examination. 13 of these were satisfactory and 13 fell into grades which indicated unsatisfactory methods. The vendors of unsatisfactory samples were visited and advice was given for improvements. It is regrettable that the Regulations do not require sterilisation of equipment as in a dairy.

A comprehensive code of standards for ice-cream factories, plant, and retail units is being worked out for the approval of your Council and subsequent circulation to the trade.

Prepared Meats.*Food and Drugs Act, 1938. Section 14.*

The number of premises on the register under Section 14 of the Food and Drugs Act, 1938, used for the preparation of sausages, potted meat, preserved meat, pressed meat, and pickled foods, was 31 at the year end. No particular difficulties have been encountered in these trades.

Registration of Dairies and Dairymen.*Milk and Dairies Regulations, 1926-1943.*

Total number of registered Dairies	...	...	24
„ „ „ Dairymen	...	...	24
Producer-retailers within the Borough	...	...	2
„ „ „ outside „	...	...	3
Retailers from premises within the Borough	...	...	16
„ „ „ outside the Borough	...	...	8

54 inspection visits were made to cowsheds, and a further 242 visits were paid to dairies in connection with the sale of milk. 12 Notices were issued to effect improvements.

Some of the vehicles used on retail milk-rounds are deplorably unsuitable, but traders are experiencing the general difficulties in securing replacement. Notices have been issued to cleanse the present vehicles.

The retail distribution of loose milk by the obsolescent jug and handcan still lingers on as an unsatisfactory feature from the point of public health. Rationalisation of milk-rounds continues in force and is not in the best interests of the consumers who would benefit by a little more healthy competition.

Cleanliness of Milk.*Food and Drugs Act, 1938. Section 68.***Designated Milk.**

Nine samples of “ Tuberculin-Tested ” or “ Accredited ” milks were taken and all were found to be satisfactory.

11 samples of pasteurised milk were taken and all were found to be satisfactory.

Undesignated Milk.

85 samples of undesignated milks were examined for cleanliness by the Methylene Blue and Bacterium Coli tests with the following results:—

Passed both tests	...	...	...	36 samples or 42%
„ only one test	...	...	...	22 „ 26%
Failed both tests	...	...	...	27 „ 32%

The percentage of satisfactory results shows a slight improvement upon last year, but the unsatisfactory results have relapsed to the 1945 level. Definite improvement is needed here.

Analysis of these tests was as follows:—

Passed Methylene Blue	...	...	39 samples or	46%
Failed	„	„	46	„ 54%
Free from Bact. Coli	...	...	46	„ 54%
Coli in one tube	...	...	9	„ 11%
„ two tubes	...	...	7	„ 8%
„ three tubes	...	...	23	„ 27%

Comparison of the milk from Kendal farms with farms from the surrounding rural area showed no significant difference.

Pathogenic Organisms in Milk.

Food and Drugs Act, 1938. Section 68.

49 samples were examined biologically in guinea-pigs for the presence of tuberculosis organisms, and all were negative. The finding of tubercle bacilli in milk is difficult and one must bear in mind the human biological tests on your own children, with their tragic record of four new cases in 1947 from non-respiratory tuberculosis. The growing popularity of the Attested Herds scheme and Tuberculin-Tested milk production, together with the pasteurisation of Accredited and ungraded milks, will gradually reduce this toil of human suffering which has fallen upon an average of five of your Kendal children each year.

No instances of other disease-producing organisms in milk were found. We know that *Brucella Abortus*, the organism which causes contagious abortion in cattle and undulant fever in man, can be isolated from a good proportion of bulked milk supplies, and it is probable that mild infections constantly occur. No serious cases have been encountered and the veterinary profession is taking steps to inoculate cattle against the disease.

It was not necessary to stop any milk supply or restrict the activities of any milkhandlers under the Milk and Dairies Regulations, 1926-1943, on account of infectious disease.

Designated Milks.

Milk (Special Designations) Regulations, 1936-1946.

The County Council is responsible for the granting of annual licences authorising the use of the special designations “ Tuberculin-Tested ”

and “ Accredited ” in respect of establishments at which the milk is produced and bottle or only produced. The following establishments in the Borough were so licensed :—

Tuberculin-Tested	...	Nil
Accredited	...	Nil

Your Borough Council is responsible for the granting of annual licences authorising the use of the special designation “ Pasteurised,” and for the granting of dealer’s and supplementary annual licences for the sale of Tuberculin-Tested and Accredited milks. The following licences were in force during the year :—

Tuberculin Tested and Accredited Milks.

T.T. Accredited.

1.	Form B. Licence in respect of an establishment (not being the establishment at which the milk is produced) at which the milk is bottled	...	...	...	...	...	0	0
2.	Form B. Dealer’s Licence in respect of each shop or other establishment (not being the establishment at which the milk is produced or bottled) at or from which the milk is sold						3	0
3.	Form D. Supplementary Licence with respect to milk sold from a shop or other establishment which is outside the area of the Licensing Authority	...	...	...	...	...	0	0

Pasteurised Milk.

1.	Form C. Pasteuriser’s Licence in respect of the establishment in which the process of pasteurising is carried on, and of any shop or other establishment in the area of the same Licensing Authority at or from which the milk is sold by the same dealer (Holder Process)	...	...	...	...	...	0
2.	Form E. As for Form C with the exception that the pasteurisation process shall be by the High Temperature Short-Time Method						0
3.	Form B. Dealer’s Licence in respect of each shop or other establishment (not being an establishment covered by a licence under Form C or E) at or from which the milk is sold	...	...	...	...	...	0

4. Form D. Supplementary Licence in relation to milk sold from a shop or other establishment which is outside the area of the Licensing Authority I

There are no pasteurisation plants within the Borough, and the pasteurised milk supplied to schools is treated outside the County. There are no plants for heat treatment of milk in accordance with the Ministry of Food's action under Defence Regulation 55G.

Quality and Adulteration of Milk.

Food and Drugs Act, 1938. Sections 1-7.

Your Council undertake these delegated responsibilities from the County Council, and analyses are carried out by Mr. C. J. H. Stock, B.Sc., F.R.I.C., the Public Analyst at Darlington.

The following reports were made upon milk samples taken during 1947 for the purpose of supervising the quality of milk and detecting possible adulteration.

Article	No. of Samples	Result	Remarks
Milk ..	38	Genuine	
Milk ..	1	10% deficient in Milk Fat	Subsequent samples genuine. Vendor cautioned.
Milk ..	2	Genuine milk below standard for non-fatty solids	No action.
Milk ..	1	1% deficient in Milk Fat	Analyst did not recommend prosecution. No action.
Milk ..	1	7% deficient in Milk Fat	Analyst did not recommend prosecution. No action.
Milk ..	1	24% deficient in Milk Fat	No action—see below.
„ ..	1	8.4% deficient in Milk Fat	Sequel to above taken at place of delivery to retailer.
„ ..	1	Genuine	
„ ..	1	Genuine	“Appeal to cow” samples from same source. Cow-keeper advised to improve his herd. Subsequent samples satisfactory.
„ ..	1	Milk deficient in Fat	
Pasteurised Milk	6	Genuine	
Pasteurised Milk	1	Slightly below standard in Milk Fat	Informal sample. Vendor and processing dairy notified

In the milks the highest fat content was 5.25 per cent. and the highest non-fatty solids was 9.20 per cent. The average percentage of milk-fats and non-fatty solids in all milks (genuine and non-genuine) was 3.49 per cent. and 8.79 per cent. respectively.

All 55 samples of milk were examined for the presence of preservative, and all were found to be free.

Licenced Slaughter Houses and Knackers' Yards.

Food and Drugs Act, 1938. Sections 57-61.

The only slaughterhouse is the public abattoir at Sandylands. There are no licensed knackers' yards.

Slaughtering of Animals.

15,453 animals were slaughtered during 1947 and were inspected by the department. This figure included:—

Beasts	...	2,801
Sheep	...	7,196
Calves	...	5,406
Pigs	...	50

This number was below the total for each of the two previous years and reflected the general slump in home-killed meat following the disastrous losses during the winter of 1946/47.

Casualty animals are slaughtered in the same abattoir, but the Ministry of Agriculture has again co-operated by sending animals for slaughter under the Tuberculosis Order as far as possible on days when little or no other killings were taking place. Many of these animals sent in by farmers and dealers have very little food value.

Condemnation of Meat at the Abattoir.*Food and Drugs Act, 1938. Section 10.*

The following is a summary of the carcasses inspected and condemned:—

	Cattle excluding Cows.	Cows.	Calves.	Sheep and Lambs.	Pigs.
Number killed	1586	1215	5406	7196	50
Number inspected ..	1586	1215	5406	7196	50
All Diseases except Tuberculosis. Whole carcasses condemned	23	102	196	84	1
Carcasses of which some part or organ was con- demned	(1) 113	(1) 164	8	(2) 68	10
Percentage of the number inspected affected with disease other than Tuberculosis	8.57	21.9	3.77	2.11	22
Tuberculosis only. Whole carcasses condemned	12	58	7	—	1
Carcasses of which some part or organ was con- demned	155	327	—	—	2
Percentage of the number inspected affected with Tuberculosis	10.53	31.68	0.13	—	6

NOTES. (1) Condemnations for livers and part livers affected with distomatosis. Cavernous angioma, etc., are not included, no distinguishing of sexes being kept, in all there were 1,631 livers and 465 part livers condemned.

(2) Not included in these figures are 2,215 livers affected with distomatosis or other parasitic infections.

ANALYSIS OF MEAT CONDEMNATIONS.

ANIMALS FROM AUCTION MARTS.					
Class	Number Killed	Total of Carcases Condemned	TUBERCULOSIS		OTHER CAUSES
			Total Carcases	Portions	Total Carcases
Beasts.. ..	2400	41	31	421	10
Sheep	6963	17	—	—	17
Calves	5315	174	6	—	168
Pigs	21	—	—	—	—
TOTALS	14699	232	37	421	195

CASUALTY ANIMALS.

Class	Number Killed	Total of Carcases Condemned	TUBERCULOSIS		OTHER CAUSES
			Total Carcases	Portions	Total Carcases
Beasts	401	154	39	61	115
Sheep	233	69	—	—	69
Calves	91	29	1	—	26
Pigs	29	2	1	2	1
TOTALS	754	254	41	63	213

Tuberculosis detected.

385	out of 1,215 cows	...	or 31.68%
91	„ 854 heifers	...	„ 10.65%
67	„ 633 bullocks	...	„ 10.60%
9	„ 99 bulls	...	„ 9.10%
7	„ 5,406 calves	...	„ 0.13%
3	„ 50 pigs	...	„ 6.00%

Whole carcasses condemned for Tuberculosis.

Cows	...	58	out of 385 infected carcasses.
Heifers	...	9	„ 91 „ „
Bullocks	...	1	„ 67 „ „
Bulls	...	2	„ 9 „ „
Calves	...	7	„ 7 „ „
Pigs	...	1	„ 3 „ „

Whole carcasses condemned for reasons other than Tuberculosis.

Cows	...	102
Heifers	...	19
Bullocks	...	—
Bulls	...	4
Calves	...	196
Sheep	...	84
Pigs	...	1

The post-mortem findings of tuberculosis at meat inspection form another link in visualising the chain of its transmission to man. You saw in the infectious diseases section that four new cases of non-respiratory tuberculosis had occurred in your children during the year. You saw in the section on milk that the small number of very expensive tests upon bulk samples did not trace the presence of living tubercle bacilli in milk because the mathematical chances of random sampling are comparable to those in the football pools. Now you have revealed the reservoir of infection.

Of the 1,215 cows slaughtered 385 animals, or 31.68 per cent., were infected to the extent of tuberculosis being obvious to the naked eye: of those infected animals 15 per cent. were so seriously involved that it was necessary to condemn the whole carcass. The reasons for this figure of 31.68 per cent. of cows infected are that these animals are sent for slaughter only when they have ended their working-life or have become casualties. As bovine tuberculosis is a progressive disease its incidence is directly related to the age of the animal. These cows were not necessarily excreting tubercle bacilli in the milk, but we know that involvement of the udder occasionally occurred.

Young stock slaughtered illustrated the point I have made on the age incidence of bovine tuberculosis. The figures of infected animals in the table above show that heifers and bullocks were both 10.6 per cent of their respective groups, and calves only 0.13 per cent. infected. Apart from the public health aspects of the transmission of bovine tuberculosis to man these infections cause a very serious financial loss

to farmers and deprive the nation of much needed additional milk and meat supplies.

All condemned meat is stained with an indelible dye and is salvaged for conversion into animal and poultry foods.

Meat Condemnations after Distribution.

Food and Drugs Act, 1938. Sections 10 and 12.

The following meat was condemned in the course of distribution or at retail premises:—

- 1 hindquarter of beef due to decomposition.
- 1,061 pounds of beef due to bone taint.
- 179 six-pound tins of corned beef due to putrefaction.
- 145 $\frac{3}{4}$ -pound ,, ,, ,,
- 11 six-pound tins of corned mutton due to putrefaction.

Meat Distribution Methods.

The carcasses of meat after being left in the cooling-room overnight to be allowed to set, are transferred from the door of the cooling-room immediately on to lorries. The bodies of these lorries are covered top, front and sides and are weatherproof. The rear is covered by a close-fitting tarpaulin sheet which is always kept in position in transit except during unloading. The front and side interior surfaces of the vans are kept well painted and the whole of the interiors are kept very clean. Most of the meat transported is hung from hooks fixed inside the vans, but some has to be packed on the floor of the vans. The clothing of the men who handle the meat on the vans consists of light blue or brown overalls, which have been observed to be spotlessly clean at the beginning of each week, plus the use of rubber or oilskin aprons and white cloth armbands which enclose the arms from the wrists to above the elbows. During warm weather the armbands and those parts of the overalls which come into contact with the meat are soon soiled by the absorption of grease from the carcasses. This appears unsightly but is almost impossible to overcome. The Meat Inspector is placed in a very difficult position when insisting on more changing of clothing, owing to the coupon difficulty. Ten extra clothing coupons are allowed for each person which only allows for two sets of overalls, and, in addition, the small domestic ration of soap is not conducive to frequent washings.

Transport is paid for by weight, hence overloading is always a possibility. It is not suggested that the transport of meat is ideal, but it is suggested that a genuine attempt is being made to do the best under existing circumstances.

Condemnation of Other Foodstuffs.*Food and Drugs Act, 1938. Sections 10-12.*

The following foodstuffs were condemned in shops and warehouses:—

<i>Tins or Jars.</i>			<i>Packets or Cartons.</i>		
Marmite	...	1	Pudding Mixture	...	4
Puddings	...	103	Barley Flakes	...	96
Pickles	...	647	Semolina	...	12
Fruit	...	97	Puffed Wheat	...	20
Soups	...	68	Jelly	...	1
Milk	...	572	Junket	...	1
Jam	...	122	Cheese	...	31
Meat	...	204	Oatcake	...	16
Vegetables	...	371			
Fish	...	151			
Sauces	...	78			
Meat Essence	...	2			
Syrup	...	1			
Dried Egg	...	1			
Dessert Powder	...	28	Cake Mixture	...	30
Potato Cakes	...	929	Mustard	...	56 lbs.
Teacakes	...	106	Crumpets	...	498
Buns	...	29	Butter Pats	...	11 lbs.
Cakes	...	26	Gravy Browning...	...	$\frac{1}{2}$ gal.
Slab Cake	...	1 $\frac{1}{2}$ lbs.	Flour	...	12 $\frac{1}{4}$ cwts.
Bread	...	57 „	Loaves	...	29
Chocolate Biscuits...	...	7 $\frac{1}{2}$ doz.	Oatmeal	...	140 lbs.
Barley	...	9 lbs.	Sugar	...	10 „
Figs	...	54 „	Apricots	...	30 „
Prunes	...	12 „	Eggs	...	63 doz.
Tea	...	1 $\frac{1}{2}$ „	Cheese Cake	...	2 lbs.
Black Puddings	...	31 „	Sweets	...	19 „
White Puddings	...	23 „	Tomatoes	...	1 lb.
Fat Extender	...	2,555 „	Coffee	...	$\frac{1}{2}$ „
Ice-cream	...	6 gals.	Sausage	...	25 lbs.
Bacon	...	378 lbs.	Semolina	...	86 „
Dates	...	2 „	Biscuits	...	1 lb.
Yeast	...	465 „	Fish	...	97 $\frac{1}{4}$ st.
Cocoa	...	6 „	Apples	...	23 boxes

Quality and Adulteration of Foodstuffs.

Food and Drugs Act, 1936. Sections 1-7.

The Public Analyst reported upon the following samples:—

Article	No. of Samples	Result	Remarks
Beef Sausage	3	Genuine	
Beef Sausage	1	16% deficient in meat content	Legal Proceedings. Vendor fined £2.
Pork Sausage	2	Genuine	
Pork Sausage	1	8% deficient in Meat content	Letter of caution to Vendor.
Malt Vinegar	7	Genuine	
Malt Vinegar	1	Not genuine malt vinegar	Informal sample. Vendor notified. Manufacturer offered an error in labelling as explanation. Accepted.
Pure Ground Nutmeg	1	Inferior quality. Deficient in Volatile Oil	Informal sample. Shop notified and stock withdrawn from sale.
Flour ..	2	Genuine	Samples of similar grade flour submitted following complaints by Baker as to its quality.
Baking Powder	1	Genuine	
Barlova ..	1	„	
Bicarbonate of Soda	2	„	
British White Wine	1	„	
Bronchial Tablets	1	„	
Cinnamon ..	1	„	
Cocktail ..	1	„	
Coffee ..	3	„	
Coffee and Chicory	2	„	
Crab Paste ..	1	„	
Gelatine ..	1	„	
Gin ..	2	„	
Grape Fruit Squash	1	„	
Lemon Squash	1	„	
Lime Juice Cordial	1	„	
Malted Milk	2	„	
Mixed Spice	1	„	
Orange Squash	1	„	
Powdered Soap	1	„	

Article	No. of Samples	Result	Remarks
Salmon and Anchovy Paste	1	Genuine	
Ruby Wine	1	„	
Ruby Wine	1	„	
Port Type			
Rum ..	2	„	
Whisky ..	3	„	

General Sanitary Inspection. Establishment.

The establishment of the Sanitary Department was one Chief Sanitary Inspector, one Additional Inspector, one Assistant Inspector, and one clerk. The strength of the Inspectors was maintained throughout the year, but the department was without a clerk for a time on the changeover from a female to a male post.

The establishment was under close review all year by your Council's Committees which dealt with the grading of appointments, the hearing of appeals against the grading, and the investigation of departmental duties. Considerable time had to be devoted, to the detriment of other duties, to the preparation of statistical data for these Committees.

The present establishment was ultimately confirmed by your Council, and their decision was strengthened by the approval of the Minister of Health to raise the status of the Third Sanitary Inspector from an Assistant to an Additional Inspector, thereby contributing a grant of half that officer's salary.

Organisation.

The Chief Sanitary Inspector had of necessity considerable administrative duties in the running of his department, the preparation of material and attendance at your Committees; and his availability for outside duties was restricted. This is the usual position in most Authorities.

The Second Sanitary Inspector spent the greater part of his time at the abattoir on meat inspection, and the balance on general sanitary inspection.

The Third Inspector was mainly engaged on general duties outside

the office in connection with the proper execution of your statutory responsibilities.

The new clerk required training in the methods of the department, and until he is proficient he will be incapable of relieving the burden of office work from the technical staff. It is desirable that the time of technical staff should not be dissipated on clerical duties, but a certain amount of office work can be done only with that technical knowledge.

Cemeteries administration constituted a measure of misemployment, and I hope that at some future date it may be transferred to a more appropriate department of your Corporation.

The tabulated summary of the work of the Sanitary Inspectors provides some indication of the time spent on the multifarious duties of the department, the more theoretical aspects of which you have studied in this entire Annual Report:—

Inspections of dwellings	...	...	...	...	1,140
„ yards	...	...	...	...	313
Visits to public slaughterhouse	...	...	...	...	499
„ offensive trades	...	...	...	...	166
Inspections of common lodging houses	...	...	...	...	99
„ dairies	...	...	...	...	242
„ cowsheds	...	...	...	...	54
Stables and piggeries	...	...	...	...	25
Refuse disposal and salvage	...	...	...	...	159
Drainage works	...	...	...	...	504
Works in progress	...	...	...	...	458
Bakehouses	...	...	...	...	65
Food premises	...	...	...	...	208
Ice-cream premises	...	...	...	...	56
Factories and workshops	...	...	...	...	48
Food and drugs	...	...	...	...	216
Tents, vans and sheds	...	...	...	...	7
Shops Acts	...	...	...	...	49
Miscellaneous	...	...	...	...	218
Complaints	...	...	...	...	127
Drains tested	...	...	...	...	12
„ inspected	...	...	...	...	86
Disinfestation visits	...	...	...	...	247
Housing management	...	...	...	...	60
Condemned property	...	...	...	...	150

Smoke abatement	...	...	...	...	55
Burial grounds	...	...	...	...	28
Hospitals	...	...	...	...	60
Rent restrictions	...	...	...	...	4
Ashpits	...	...	...	...	2
Schools	...	...	...	...	17
Spouts	...	...	...	...	3
Infectious disease	...	...	...	...	24
Overcrowding	...	...	...	...	7
Cinemas	...	...	...	...	10
Total					5,418

There is still a large amount of leeway to be made up, particularly with regard to food premises, shops and factories and workshops.

Offensive Trades.

Public Health Act, 1936. Section 107.

The carrying out of the following offensive trades in the Borough has not given rise to any undue nuisance:—

Fellmonger	...	1
Carcase Boilers	...	2
Tallow Melter	...	1
Tripe Boiler	...	1
Gut Scraper	...	1
Rag and Bone Dealer	...	2

Factories.

Factories Act, 1937.

The duties and responsibilities of your Council are not being fully carried out for the staffing reasons to which I have already referred.

There were 182 factories on the register. 54 inspections were made and six written notices were served, mainly for defects in the provision of sanitary conveniences. All these were remedied and no prosecutions were required. No references were made to H.M. Inspector and only three were received from him.

Only one outworker was notified to your Council by factory owners, and I have no official knowledge of any cases of default in this respect.

There are no recognised basement bakehouses in the Borough, but one was discovered during the year and plans have been approved for the construction of a new bakehouse to replace it.

One certificate was issued approving the means of escape in case of fire in a factory.

Form 572 (revised) was sent directly to the Minister of Labour and national Service giving the details of the Borough Council's administration of the relevant sections of Parts I and VIII of the Factories Act, 1937, in accordance with Section 127 of that Act.

Inspections.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	34	10	—	—
Factories not included in (1) to which Section 7 applies (a) Subject to the Local Authorities (Transfer of Enforcement) Order 1938	—	—	—	—
(b) Others	151	44	6	—
Other Premises under the Act (excluding out-work- ers premises)	—	—	—	—
TOTAL	185	54	6	—

Cases in which defects were Found.

Particulars.	Number of cases in which Defects were found.				Number case of in which prosecutions were instituted.
	Found	Remedied.	Referred.		
			To H.M. Inspector.	By H.M. Inspector.	
Want of cleanliness (S.1)	—	—	—	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temperature (S.3)	—	—	—	—	—
Inadequate ventilation (S.4)	—	—	—	—	—
Ineffective drainage of floors (S.6)	—	—	—	—	—
Sanitary Conveniences (S.7)					
(a) Insufficient	—	—	—	—	—
(b) Unsuitable or defective	3	3	—	1	—
(c) Not separate for sexes.	2	2	—	2	—
Other offences (not including offences relating to Homework)	2	2	—	—	—
Total	7	7	—	3	—

Common Lodging Houses.

At the end of the previous year there were three common lodging houses on the register. On the annual application for re-registration your Public Health Committee grants re-registration to the premises on Waterside, but declined to re-register the other two establishments which were in Yard 44, Stricklandgate.

These two premises were within a Clearance Area and had many sanitary defects. One of these houses has been empty since August and the other has been under observation for compliance.

On 31st December, 1947, there was therefore one registered common lodging house in the Borough.

Rent Restriction Acts.

Only four cases arose in connection with rent restriction, and in no case was it necessary for statutory action to be taken.

Several cases were noticed where the necessary entries, prescribed by the Housing and Rent Restriction Acts, were not entered in rent books. All these were rectified upon the department's intimation to the agents or landlords.

Smoke Abatement.

Public Health Act, 1936. Sections 101-106.

55 visits were made in respect of smoke abatement. Two complaints were received concerning nuisance from a factory chimney which was largely due to the burning of sawdust on the boiler fire.

After investigation the firm gave an undertaking not to use any similar type of fuel, lengthened their chimney and resumed the burning of solid fuel with a mechanical stoker, and were pursuing the practicability of installing oil-burning plant. A considerable improvement was thereby affected.

Laboratory Services.

The Emergency Medical Services Laboratory attached to the Westmorland County Hospital in Kendal provided many of the necessary examinations of material obtained by the department. This laboratory has given extremely valuable services to the southern part of the County.

During the year the Public Health Laboratory Service, with which the Kendal laboratory is associated, undertook to carry out, free of charge, all laboratory examinations which were of an epidemiological nature. This policy will relieve the Council of the expense of many routine examinations and will encourage the general practitioner to make fuller use of modern laboratory diagnostic aids without financial burden on the patient.

Animal biological tests and the chemical examination of waters and sewage were normally performed at the Pathological Laboratory of Cumberland Infirmary, Carlisle. Analysis of samples taken under the

Food and Drugs Act, 1938, was made by the Public Analyst, Darlington.

PERSONAL SERVICES.

Maternity and Child Welfare Scheme.

Your Maternity and Child Welfare functions were transferred to the Westmorland County Council on 1st January, 1948, by mutual agreement in advance of the appointed day under the National Health Service Act, 1946.

The following details are extracted from my final annual report to your Maternity and Child Welfare Sub-Committee, and illustrate the position at the time of the transfer.

CLINICS.

	1946	1947
ANTENATAL CLINICS		
Number of Clinics held	47	48
" " women attending	55	89
Total Attendances	292	429
Admissions to Helme Chase or Westmorland County		
Hospital under the Council's Scheme	39	47
Average per Session	6	9
POSTNATAL CLINICS.		
Number of women attending	31	29
Total Attendances	31	30
BIRTH CONTROL CLINICS		
Number of women attending	3	7
Total Attendances	6	10
INFANT AND CHILD WELFARE CLINICS.		
Number of Clinics held	49	64
Number of infants attending	106	168
Number of children attending	159	363
Total Attendances	1402	2088
Average per Session	28	32
IMMUNISATION CLINICS.		
Number of Clinics held	13	12
Number of pre-school children immunised	134	266
Total Attendances	262	528

The number of mothers admitted to Helme Chase or the Maternity Ward of the Westmorland County Hospital under the Corporation Maternity Scheme, was 47.

Summary of Health Visitors Work.

First visits to infants	...	...	...	...	346
Subsequent visits to infants	...	...	...	...	1,280
Visits to children 1-5 years	...	...	...	...	698
First visits to expectant mothers	...	...	...	...	83
Subsequent visits to expectant mothers	...	...	...	...	214
Stillbirth enquiries	...	...	...	...	7
Infant death enquiries	...	...	...	...	5
Visits to Institutions	...	...	...	...	15

Summary of Orthopaedic Nurse's Work.

Visits to children under 5 years	...	...	...	159
Children attending Orthopaedic Clinic	...	...	...	49
Admissions to Ethel Hedley Hospital	...	...	...	2

Summary of Dental Services.

					<i>Mothers.</i>	<i>Children.</i>
Total treated	...	...	...	...	52	39
„ visits	...	...	...	...	132	47
Extractions	...	...	...	...	99	31
General anaesthetics	...	...	...	...	9	9
Fillings	...	...	...	...	43	53
Scalings	...	...	...	...	12	—
Other operations	...	...	...	...	42	9
Dentures	...	...	...	...	12	—
Sessions to work	...	...	...	...	40	10

Maternity Helps.

One full-time and one casual Maternity Helps have been employed and the number of cases attended as been 15.

Domestic Helps.

The Domestic Help Service was continued on similar lines as the previous year. The Supervisor left the services of the Council in September and a temporary Supervisor undertook the work for the remainder of the year.

PROGRESS DURING 1947.**General.**

I have maintained a progressive policy within your Service and have proceeded with developments in order that the public shall be offered the best possible service irrespective of the change in administrative control.

You transferred at the year end to the County Council a well-founded and reasonably up-to-date scheme which was a living part of Kendal's wealth, but the transfer should not impair its development or availability for Kendal folk.

Ante-natal Clinics.

One session per week was held on Monday afternoons, not an ideal day as it is the general washing-day, but the only one available without upsetting other users of the clinic premises.

The average attendance was nine, and the average time taken in the examination of each case was about 15 minutes. New cases justify this time, but repeat visits in normal cases do not.

Time is wasted by having only one nurse in attendance, which leads to delay while patients dress and undress in the consulting-room. Work could be speeded up by using additional rooms and having more nursing help.

The Appointment System for patients worked even better than anticipated. Delay in waiting to be seen was cut to the unavoidable minimum, and the patients frequently expressed appreciation of the arrangement.

The waiting-room accommodation is poor, being cold and bleak, and furnished in the old-fashioned barrack-room style. Considerable improvement could be made to the existing premises at no great cost to bring the clinic up to more modern standards.

Written case records were instituted, and in every case a summary of these notes on the periodical examination of the patient during her pregnancy was sent in advance to Helme Chase for the guidance of the doctor or midwife delivering the baby. Printed cards for this purpose were not ordered in view of the impending transfer of the services, but they would be desirable in place of manuscript cards.

As close a liaison as possible was maintained by the department with the doctors and midwives involved, but the fundamental principle that one person should follow the case through pregnancy, delivery and the puerperium cannot be achieved under existing legislation.

I support the practice of many Local Authorities which have arranged that a specialist obstetrician of consultant status shall be available for the routine examination of all women at least once in their pregnancy and as often as may be necessary in abnormal cases.

Vitamin preparations and certain other medicines to supplement those available through the Local Food Office were introduced during the year. The range of these was limited to those normally supplied in clinics elsewhere.

The provision of suitable pamphlets and other literature to cover general and special topics, the hospital arrangements and the scope of the local social services, was being developed at the year end. A start was made with stencilling out the hospital requirements and with ordering certain pamphlets published by the Central Council for Health Education. I think that there is scope for a small bookstall for this literature for sale or free issue. I consider that every new patient should be issued with details of the Domestic and Maternity Help Services, and with a list of the available social services offered by the Local Authorities and the Voluntary Agencies. A supply of infant welfare literature should also be available to the expectant mother. These were the lines on which progress was being made at the time of transfer.

Routine blood tests to safeguard the health of the mother and child against risks which cannot easily be otherwise detected (Wasserman or Khan tests and tests for the Rh. factor), have been arranged in principle with the Emergency Medical Services Laboratory at Kendal, but not yet introduced into the working routine of the clinic. Better sterilisation facilities are required for safe working.

Post Natal Clinics.

From the woman's point of view it is desirable the postnatal clinics should be held with the infant welfare clinic, as it is difficult for young babies to be left. Unfortunately, it is not possible to do this in practice as the layout of the clinic, the relative staff shortage, and the number of infants to be seen, all preclude it. I am sure that this service is not at present provided to the extent it could or should be.

I am of the opinion that a separate clinic held perhaps once a month, and possibly in conjunction with the birth-control clinic, is the best solution of the problem.

Family Planning Clinics.

There is scope here for development and I consider that the conduct of this clinic by a lady doctor will be an advantage in encouraging greater attendances.

Certain Authorities have expanded these clinics for the investigation of both male and female sterility, and for Marriage Guidance in conjunction with the Probation Officers. I do not think that this

clinic can at present be so expanded, but it might well be included in the future schemes.

Infant Welfare Clinics.

At the beginning of 1947 one session per week was held in accordance with the previous practice, but during the year it became obvious that one doctor could not deal properly with the increasing numbers. A second clinic per week was started with the assistance of one of the County Medical Officer's staff.

The times between which it is practicable to run an infant welfare clinic are limited by the housewife's domestic arrangements. It is not possible to start before 2 p.m., even for local residents, as the midday meal does not generally allow a woman to be free to go out much before that time, and mothers with very young infants normally adopt 2 p.m. as one of the routine times of feeding. At the other end of the afternoon housewives have to meet older children returning from school and prepare the husbands' tea, and therefore 4 to 4-15 is the practical time for finishing the clinic.

To avoid the impression of unseemly haste, and indeed for the proper carrying out of medical examination and the transmission of advice, it is expedient to allow an average time of five minutes to each patient. This means that about 25 patients can be satisfactorily seen in one session. Even this figure takes little account of minor disorganisations in running practice and the necessity for more detailed examination in special cases. Certainly more cases can be seen, but with the undesirable impression of herding them in one door and out at the other as quickly as possible, or keeping them waiting beyond a reasonable time of day. These points can make or mar the popularity of a clinic.

The average attendance at each session for the four quarters of the year were:—

1st quarter	...	32
2nd ,,	...	43
3rd ,,	...	41
4th ,,	...	23

but during the 4th quarter the second clinic in each week was in operation. The maximum attending on any one day was 66, of whom 37 were seen by the doctor, and 29 had to be turned away or had to leave to attend to their domestic affairs.

The appointment system worked very well throughout the year and waiting was reduced to a minimum. Casual attenders, new cases,

and the unpredictable vagaries of children, tended to upset the rigid observance of a strict scheme, and consequently much elasticity in working practice was allowed for in planning the appointments. The times fixed for appointments were made to suit the convenience of the housewife and were related to the feeding times of the family and the distance from home to the clinic.

The advantages to the administration of the clinics are that an even allocation of patients can be made for each session, that absentees can be followed up by the Health Visitor on her District rounds, and that the grant of an appointment definitely encourages regularity of attendance of the mothers.

The waiting-room provisions are, as mentioned in the antenatal clinics, not very satisfactory. The waiting-hall is so barren and cold and draughty that for the most of the year the mothers have to wait with their babies in the weighing-room which leads at times to vociferous confusion and congestion. I consider that more comfortable furnishings and more efficient heating should be installed in the waiting-hall.

The provision of suitable pamphlets and other literature to cover the general and special topics of infant feeding and child welfare was being undertaken at the end of the year. Delivery of a nucleus of pamphlets was made in December. It is my opinion that a small bookstall for the display of this literature and suitable posters is needed in the waiting-hall, and the material could be either for sale or free issue. The time available for personal conversation with the doctor or the health visitor is so limited that literature could play a very important part in the health education of the housewives who attend.

The record cards are not large enough to hold the essential items of the progress of each patient, but in consultation with my colleague the County Medical Officer of Health, I deferred altering the forms until the transfer of functions took place in order that he may be in an unprejudiced position to adopt his own schemes.

The numbers of new cases attending the clinic were extremely gratifying, and gave ample evidence of the growing popularity of this service. I believe that this expansion will continue provided that prime consideration is given to the domestic factors, such as shopping, meal times, and personal comfort, which play such a large part in the planning of the housewife's day, and which determine whether or not she will attend the clinic, however good may be the advice available from the doctor or the health visitor.

Child Welfare Clinics.

For children over one year of age and under five the clinic has not provided the services it should or could do. These toddlers are seen concurrently with the infant clinic, and as the total attendances of all patients has been unwieldingly large, priority had to be given to the infants.

Toddlers do not need to be seen as frequently as babies, but I consider that periodical supervision would do much to prevent or correct the defects which are found in the school entrants. Dental inspection is also desirable for these children before they commence their secondary dentition. Better specialist facilities are required throughout.

This gap in supervision is common in many other parts of the country and is a defect in the personal services provisions of the public health service. The solution lies in special clinics for the pre-school child who has graduated from the infant welfare clinic, followed by intensive propaganda to recapture and restore the confidence of the mothers who now see their children more or less abandoned after the first birthday.

Diphtheria Immunisation Clinics.

These were held monthly and were well attended, but continuous propaganda will be required to achieve a higher percentage of immunised children under five years of age, which is about 61 per cent., before this preventable disease can be eradicated.

During the year the clinic was made available for schoolchildren as well as babies, and staffed alternatively by my department and the school medical staff.

Immunisation against Whooping Cough was given at the special request of the parents. This material has not yet received the official sanction of the Ministry of Health for widespread use pending large scale trials elsewhere, but it was my policy not to deny its administration when sought. I believe that in time it will wipe out yet another of the childhood dangers.

Child Life Protection.

During the year proper individual case records were compiled for each child received for reward into the home of a foster-parent. The register was brought up-to-date and it was ascertained that six children were under supervision at the end of the year. The Health

Visitor acted as the official Child Life Protection Visitor and made quarterly reports upon the home conditions of each foster-parent and the state of health of the child.

It is regrettable that under the Statute this supervision ceases at the age of nine years, and every effort has been made in this Borough to continue supervision in an unofficial manner until the child finally leaves school and enters employment. Certain other minor notifications were made to implement the recommendations of the Curtis Report, and the impending Children's Bill is awaited with interest.

Your Council were not appointed as Guardians *ad litem* by any Court during the year, and no notifications were received of third party adoptions. No particular problems have arisen in dealing with illegitimate children.

Staff.

One Health Visitor is quite inadequate. I have reported this to your Committee on several occasions and I have had to run an incomplete service until the transfer. Furthermore, the lack of motor transport makes the District visiting of the Health Visitor most uneconomical in time and expense. The inauguration of the extra clinic has encroached further upon the time available for visiting.

Nurse Metcalfe has carried out her duties in a most efficient and sympathetic manner, and the gaps in the service are solely due to the fact that the Maternity and Child Welfare Scheme has expanded beyond the capacity of one Health Visitor to cover it. I most strongly urge that this fact is recognised and that the growing popularity of this valuable personal service to the mothers and children of Kendal may not be hampered by false economy.

I would like to express my appreciation to Nurse Metcalfe for her loyalty and co-operation at all times. She has undoubtedly endeared herself to the people of Kendal and has been an indispensable link in transmitting the message of preventive medicine.

I would further like to express my appreciation on your behalf to the ladies of the St. John Ambulance Association and the British Red Cross Society, and Mrs. Palmer for their voluntary help at the Infant Welfare Clinics. They have attended with unfailing regularity whatever the weather, and without their valuable services the running of the clinics would have been seriously impaired. I trust that they will extend this same help to the County Medical Officer of Health after the transfer.

Finally, I regret severing my intimate personal contacts with the Kendal folk on giving up the conduct of the clinic, but I am happy to think that my duties will enable me to serve them in other ways. I look back with pleasure upon the small contribution I have made to the great work of my predecessor, and I am confident that this progress will be fostered by my successor, the County Medical Officer of Health. I thank your Committee also for the encouragement and support you have given to enhance this living portion of Kendal's heritage.

Shops Act, 1912-1936.

49 visits were made under the Shops Act for the supervision of sanitary accommodation, washing facilities, and the maintenance of suitable temperatures. These duties are not adequately covered at present, due to the prior claims of other work, but it is hoped to increase the supervision next year.

Byelaws.

Byelaws on public health matters are in force with regard to:—

Public Slaughterhouse.

Smoke Abatement.

Building.

New Legislation.

Ice-cream (Heat Treatment) Regulations, 1947.

Town and Country Planning Act, 1947.

APPENDIX A.

LABORATORY EXAMINATION OF TREATED WATERS.

NATURE OF TEST.	STANDARDS MAX.	FISHER TARN.	BIRDS PARK.	MINTS FEET.
Pr. Coli count 37° ..	3-10	0	0	0
Reaction	—	7.1	6.9	6.5
F. & S. Ammonia ..	.001	.001	.001	.001
Albuminoid Ammonia	.008	.008	.01	.003
Total Solids ..	—	6.0	6.96	9.84
Hardness {	Perm. ..	.7	.2	1.8
	Temp. ..	2.0	2.5	4.0
	Total ..	2.7	2.7	5.8
Chlorides	30	1.0	1.05	1.05
Nitrates	3	0	0	Trace
Nitrites .. ..	.1	0	0	0
O.2 Absorbed ..	0	.073	.06	.035
Poisonous Metals ..	.1	0	0	0
Plumbosolvency ..	0	.14	.014	0
Rainfall 24 hrs. ..	0	0	0	0
Date Sampled ..	—	7/10/47	7/10/47	7/10/47
Laboratory	—	Liverpool	Liverpool	Liverpool

Chemical analysis results expressed in parts per 100,000.

